

Implementing Partner 1

Strategic Objective 3

Subgrantee 4

Grant Number 5

Start Date 6

End Date 7

Amount \$ 8

Amount N 9

Contact Person (Title, First Name, Surname) 10

Telephone1 11

Telephone2 12

Email1 13

Email2 14

Mobile1 15

Mobile2 16

Address (No, Plot, Street, P.O. Box, City, State) 17

Fax1 18

Fax2 19

Activity Status 20

☐ New☐ Extension☐ Closed

Activity Codes 21

PRIMARY CODES

- ☐ DGEA - Elections Assistance
☐ DGCS - Civil Society-General
☐ DGLA - Labor
☐ DGAC - Anti Corruption/Government Transparency and Accountability
☐ DGCP - Conflict Management and Mitigation
☐ DGOV - Other Governance

- ☐ EGLI - Legal and Institutional Reform
☐ EGME - Macroeconomic Policy Reform
☐ EGNS - Economic Growth Not Specified
☐ PRMD - Micro enterprise Development

- ☐ AGPP - Agricultural Production and Productivity
☐ AGBT - Agribusiness, Markets and Trade
☐ AGPI - Agriculture Policies and Institutions
☐ AGNS - Agriculture Not Specified

- ☐ INEN - Energy
☐ NRFR - Forest Resources
☐ NRCG - Global Climate Change

- ☐ EDEC - Basic Education For Children
☐ EDAL - Adult Literacy
☐ EDWD - Workforce Development
☐ EDTR - Training (Teacher)
☐ EDNS - Education, Not Specified

- ☐ CCOR - Child Survival Core
☐ IMMUN - Immunization
☐ MHSP - Maternal Health/Safe Pregnancy
☐ NUTM - Other Nutrition/Maternal Health
☐ DCOF - Orphans and Displaced Children
☐ HCAR - HIV/AIDS Care and Support/Treatment
☐ HIVA - HIV/AIDS Prevention
☐ PARH - Policy Analysis, Reform and Systems Strengthening/HIV
☐ MALD - Malaria
☐ PAFP - Family Planning Services

SECONDARY CODES

- ☐ EGE - Enterprise Development
☐ EDU - Education Management Information Systems
☐ EDU - Community Participation in Education
☐ EDU - Islamic Education
☐ NRB - Biodiversity Conservation
☐ HIV - Anti Retroviral Drugs
☐ HIV - Voluntary Counseling and Testing
☐ HIV - Behavior Change Communication
☐ HIV - Blood Safety
☐ HIV - Social Marketing

CROSS-CUTTING

- ☐ BIO - Agricultural Biotechnology
☐ CMM - Conflict Management and Mitigation
☐ DAD - Dairy Development
☐ GEQ - Gender Equality
☐ HIV - HIV/AIDS
☐ NUT - Nutrition and Health
☐ GDA - Public/Private Alliances and Partnerships
☐ TCB - Trade Capacity Building

RESEARCH

- ☐ RAR - Applied Research
☐ RDV - Development Research

Activity Location(s) 22

| Region | State | City | Local Government | Village/Community | |
|--------|-------|------|------------------|-------------------|-----------------|
| | | | | | 1 st |
| | | | | | 2 nd |
| | | | | | 3 rd |
| | | | | | 4 th |

Activity Description 23

Number of People Served

24

Instructions for Completing the USAID Nigeria IP Database Form

The purpose of the "IP database form" is to maintain accurate and up-to-date information on each USAID Nigeria grantee/sub-grantee. Since these forms are generated by the mission database, existing information on a grantee/sub-grantee will appear in some boxes on the form. However, if this information is outdated or inaccurate, cross it out, and supply new information in the appropriate box(s), or write on the back of the form. Project locations specified on the form should ALL relate to the same grant/sub-grant. Activities supported under different grants/sub-grants should be identified in separate forms. (Note: For security reasons, you will not be able to retrieve your activity related data from the mission database when completing online electronic forms.)

Download blank forms; <http://www.usaid.gov/ng/welcome.htm>

1. Enter the name of Implementing Partner. (Note: if you received forms generated by the database, boxes 1 and 2 will display IP data contained in the mission database.)
2. Enter the name of a primary contact person, including Address, Telephone number(s), Fax and Email. (For online electronic form enter; 2a. IP Address, 2b. Contact Name, 2c. Primary Telephone number, 2d. Second Telephone number, 2e. Primary Fax number, 2f. Second Fax number, 2g. Primary email address, 2h. Second email address, 2i. Primary Mobile phone number, 2j. Second Mobile phone number)
3. Enter Strategic Objective (Note: if you received forms generated by the database, the appropriate SO will appear in this box)
4. Enter complete name of Sub grantee followed by acronym; DO NOT enter acronym alone. Example; "Ahmadu Bello University Teaching Hospital (ABUTH), Zaria"
5. Enter Grant Number
6. Enter Activity Start Date
7. Enter Activity End Date
8. Enter Dollar Amount of grant. If Amount was denominated in local currency, leave this box blank; DO NOT Convert Local Currency amounts to Dollars!
9. Enter Local Currency Amount of grant. If Amount was denominated in US Dollars, leave this box blank; DO NOT Convert US Dollar amounts to Local Currency!
10. Enter Sub-grantee Key Contact Person (Title, First Name, Surname)
11. Enter Sub-grantee Primary Telephone Number

12. Enter Sub-grantee Second Telephone Number
13. Enter Sub-grantee Primary Email Address
14. Enter Sub-grantee Second Email Address
15. Enter Sub-grantee Primary Mobile Phone Number
16. Enter Sub-grantee Second Mobile Phone Number
17. Enter Sub-grantee Address (House number or Plot, Street, P. O. Box, City, State)
18. Enter Sub-grantee Primary Fax Number
19. Enter Sub-grantee Second Fax Number
20. Indicate status of Activity; New, Extension to an existing Activity or Closed
21. Choose only ONE primary activity code that BEST describes your activity; if there is no exact match, check a “Not Specified” Code. Check as many applicable Secondary or Cross-Cutting Codes only after first checking a Primary Code. Example; a Grantee/Sub-grantee engaged in “Girls Education” would first check the Primary Activity Code “EDNS – Education, Not Specified” (since there is no Activity Code that specifies, “Girls Education”), and then check the Cross-Cutting Code “GEQ – Gender Equality” (If you are unclear which code best describes your area of activity, you can find detailed definition of each code at <http://www.usaid.gov/ng/eacodes.htm>, or you may contact Andrew Igbo, aigbo@usaid.gov)
22. Enter Location information for the activity (Region, State, City, Local Government, Village/Community). If more than ONE location applies, use additional spaces provided to enter up to four locations (three in the online electronic form). If the activity is being carried on in more than four locations, enter additional locations on the back of the form. (Note: if location information is NOT applicable to an activity, write “NATIONAL” in the “Region” box
23. Write a concise description of your activity in the space provided. If you need to change existing activity description, provide the revised text on the back of the form.
24. If applicable, enter Number of People Served under this activity